U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Office Tiss Only  READ THE INSTRUCTIONS CAREFUL  OLIMS DE STATE OF THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U - [742]	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GEORGE GRESHAM	Name NEW YORK'S HEALTH&HUMAN SERVICE UNION 1199SEIU
	Labor Organization File Number 031-847
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 310 W. 43rd STREET	Street 310 W. 43rd STREET
City NEW YORK	City NEW YORK
State New York ZIP Code +4 10036	State   New York   ZIP Code + 4   10036-6407
5. Position in labor organization. SECRETARY-TREASURER	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the
Signed &	On Ot 212-261-2339  Date Telephone Number
	Date religione radinger

Name of Person Filing GEORGE GRESHAM		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise	S	
8. Name and address of Business (including trade name, if any).  Name 1199 NATIONAL BENEFIT FUND*  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 330 W. 42nd STREET  City NEW YORK  State New York ZIP Code + 4	9. Business deals with:  a. Labor Organizal  b. Trust  c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	PROVIDING VARIOUS EMPLOYEES COVERED AGREEMENTS.  *THE 1199 NATIONAL FOR TRUSTEE CONFERIFUNDS.	HEALTH AND WELFA BY 1199'S COLLEC BENEFIT FUND IS	TIVE BARGAINING THE PAYING AGENT
Street	11.b. Approximate dollar valu	ue of such dealing.	
State ZIP Code + 4	AS A TRUSTEE OF TH VARIOUS RELATED FU TRUSTEES MEETING F LODGING, MEALS AND EXPENSES.	E 1199 NATIONAL NDS, I ATTENDED OR WHICH I RECEI	A CONFERENCE AND A VED TRAVEL,
	12.b. Amount.		\$3,404
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).  Name CITIBANK  Trade Name, if any:	TICKETS RECEIVED : BELOW.	AS GIFT IN THE A	MOUNT ESTIMATED
P.O. Box, Bldg., Room No., if any  Street 201 W. 34 STREET  City NEW YORK CITY  State New York ZIP Code + 4 10001			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.		\$300

Name of Person Filing GEO	ORGE GRESHAM	File Number U-	
* 020			

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name HOSPITAL LEAGUE/1199 TRAINING&UPGRADING FUND	a. Labor Organization	
Trade Name, if any:	a. Laboi Olganization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 330 W. 42ND STREET	c. Employer	
Entered to the detailed of the control of the contr	- Committee of the Comm	
	14 a Matura of quah dealing	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDING VARIOUS JOB TRAINING AND BENEFITS TO EMPLOYEES COVERED BY 1 BARGAINING AGREEMENTS.	
Trade Name, if any:	BARGAINING AGRADUBNIO.	and the same and t
P.O. Box, Bldg., Room No., if any		
Street		
City		111111111111111111111111111111111111111
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	AS A TRUSTEE FOR THE HOSPITAL LEAG & UPGRADING FUND, THE 1199 HOSPITA CARE INDUSTRY PLANNING AND PLACEME 1199 JOB SECURITY FUND, I ATTENDED MEETING FOR WHICH I RECEIVED EXPENSI MEALS	L LEAGUE HEALTH NT FUND AND THE A TRUSTEES
	12.b. Amount.	\$467

Name of Person Filing GEORGE GRESHAM	File Number U-

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8. Name and address of Business (includ	ing trade name	e, if any).	9. Business deals with:	
Name MEYER SUOZZI ENGLISH &	KLEIN		a. Labor Organization	
Trade Name, if any:			a. Labor Organization	
P.O. Box, Bldg., Room No., if any			b. Trust	
Street 1505 KELLUM PLACE			c. Employer	
City MINEOLA				
State New York	ZIP Code + 4	11501		
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.		11.a. Nature of such dealing.	
Name			ATTORNEYS FOR UNION	
Trade Name, if any:				
Trade Name, it any.				
P.O. Box, Bldg., Room No., if any				
Street				11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
City				to Professional State of the St
State	ZIP Code + 4		44 h Angarinata dallar unius of such declina	\$609,020
	211 0000 . 4		11.b. Approximate dollar value of such dealing.	\$009,020
			12.a. Nature of interest held or income received. TICKETS RECEIVED AS GIFT IN THE AMO	OTIMIT DOUTMANDO
			BELOW	OMI ESTIMIES
				j
				1
			12 h Amount	\$150

Name of Person Filing GEORGE GRESHAM	File Number <b>U</b> -

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name GLOBAL STRATEGY GROUP		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 895 BROADWAY	c. Employer	
City NEW YORK CITY		
State New York ZIP Code + 4 10003		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDES CONSULTING SERVICES	***************************************
Trade Name, if any:		***************************************
P.O. Box, Bldg., Room No., if any		Anna Anna Anna Anna Anna Anna Anna Anna
Street		PALLA Andrews
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$125,500
	12.a. Nature of interest held or income received.	7123,300
	TICKETS RECEIVED AS GIFT IN THE AM	OUNT ESTIMATED
	BELOW.	
		***************************************
		окезення сере
	12.b. Amount.	\$150

Name of Person Filing GEORGE GRESHAM	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LOEB & LOEB, LLP		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
	c. Employer	
Street 345 PARK AVENUE	housest .	
City NEW YORK CITY		
State New York ZIP Code + 4 10154-0037		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TAX CONSULTANTS	
Trade Name, if any:		7
Haue Name, II any.		-
P.O. Box, Bldg., Room No., if any	version and the second	
Street		
City		***************************************
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$23,700
	12.a. Nature of interest held or income received.	
	TICKETS RECEIVED AS GIFT IN THE AMBELOW.	OUNT ESTIMATED
	<i></i>	
		1
		-
	12.b. Amount.	\$150

	GEORGE GRESHAM	TF	ile Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name DORAL ARROWWOOD	a. Labor Organization	
Trade Name, if any:	i	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street ANDERSON HILL ROAD	c. Employer	
City RYE BROOK		
State New York ZIP Code + 4 10573		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name 1199 NATIONAL BENEFIT FUND	HOTEL VENDOR	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 330 W. 42ND STREET		The second secon
City NEW YORK CITY		
State New York ZIP Code + 4 10036	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	AS A TRUSTEE OF THE 1199 NATIONAL VARIOUS RELATED FUNDS, I ATTENDED A TRUSTEES MEETING FOR WHICH I REC	A CONFERENCE AND
	12 b. Amount	\$300

Name of Person Filing GEORGE GRESHAM	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	<del></del>
Name SHERATON HOTEL	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 811 7TH AVENUE	c. Employer	
City NEW YORK CITY		
State New York ZIP Code + 4 10019		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	HOTEL VENDOR	
[	-	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$1,527,221
	12.a. Nature of interest held or income received.	
	TICKETS/COMP ROOM/FRUIT BASKET	
		-
		NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR
	12 b. Amount	\$1.550

Name of Person Filing GEORGE GRESHAM	File Number U-

8. Name and address of Business (includ	ing trade name, if any).	9. Business deals with:	
Name DORAL ARROWWOOD		1 a Labor Organization	
Trade Name, if any:	Annanan a anna anna anna anna anna anna	a. Labor Organization	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street ANDERSON HILL ROAD		c. Employer	
City RYE BROOK			
State New York	ZIP Code + 4 10573		
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.	11.a. Nature of such dealing.	
Name		HOTEL VENDOR	
Trade Name, if any:			
Secretaria de constante de cons			THE REST OF THE RE
P.O. Box, Bldg., Room No., if any			**************************************
Street			Commence of the Commence of th
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	
		2 ROOM VOUCHERS/FRUIT BASKET	1
			THE PARTY OF THE P
			THE PROPERTY OF THE PROPERTY O
			Marabasasas
			***************************************
		12.b. Amount.	\$368